MARYLAND STATE DEPARTMENT OF HEALTH

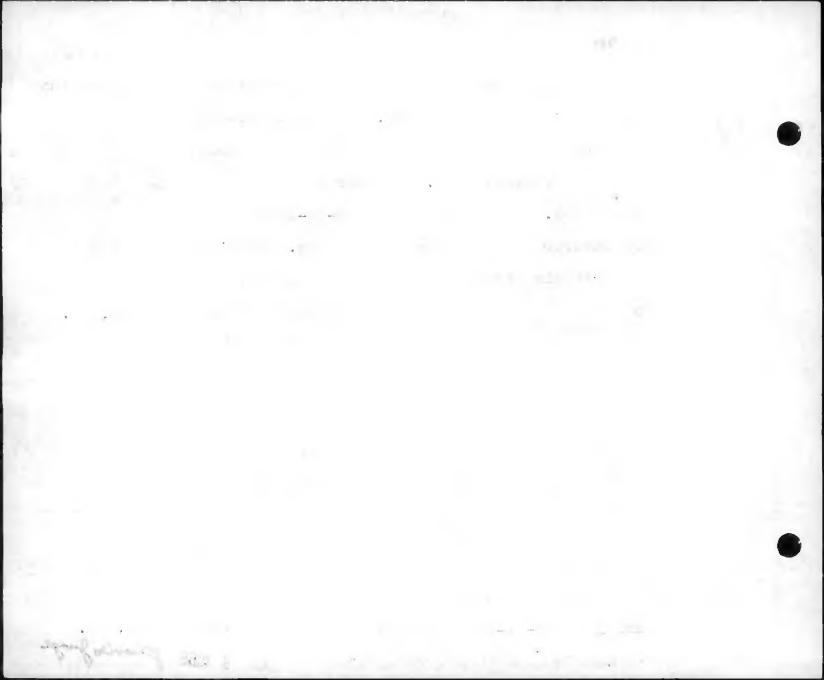
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 17620 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

FOR STATE HEALTH DEPT 0 TD. delay PM3 Office alang with far and 2 with the State event within 72 hou This certificate should be executed within 24 hours after death. land 2 rd "pending" in pencil in Chief Medical Examiner's File 正 burial-transit please execute the certificate, writing the ward Page 4 shauld be farwarded to the 0 pe be retained for the funeral director. FUNERAL (

PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) p. COUNTY Queen Anne Maryland b. COUNTY Queen Anne MARYLAND b. CITY OR TOWN (If outside corporate limits, CLENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rurala Maryos Iwo Rural Marydel 50 Yrs. e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS hours ON A FARM? None None YES NO X 3. NAME OF Middle First Last 4 DATE Month Doy Clarence OF DEATH C. Burris 12 67 Type or print IF UNDER 1 YEAR 6. COLOR OR RACE 7. MARRIED B. DATE OF BIRTH 9. AGE (In veors IF UNDER 24 HRS NEVER MARRIED lost birthday) Months Days Hours Male Col. 9-19-1888 WIDOWED DIVORCED 11. BIRTHPLACE (State or foreign country) 10o. USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired) None USA ? So. Carolina 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Pringle Burris Manda ? 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT removal (Yes, no or unknown) (If yes give wor or dotes of service) None Nathinel Burris Baltimore. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN Artroselerotie Cardio ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) burial, cremation, DUE TO Vascular disease Conditions, if ony, which gove rise to immediate couse (a), DUE TO stating the underlying couse PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? D NO 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) agent, priar PRIMARY CONTRIBUTING CO CAUSE OF DEATH 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While of work of work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection , Inquiry 17 and in my apinion Notural couses . Accident . death resulted from: Suicide . Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 12-27-67 ASSISTANT MEDICAL EXAMINER SIGNATURE TO FUN. DEPUTY MEDICAL EXAMINER **EXAMINER'S** Address (Street, city, town, or county) (227 - eville NAME (Type) 23d. LOCATION (City or Town) BURIAL CREMATION. NAME OF CEMETERY OR CREMATORY (County) Burial Near Marydel, Md 25b. REGISTRAR'S SIGNATUR FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR

Municipal

VR A15ME



File I

permit. F

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit of Health or its designated agent, prior to burial, cremation, or

VR A15ME 3500 4-64

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 STREET, BALTIMORE 1, MARYLAND W. PRESTON CERTIFICATE OF DEATH MEDICAL EXAMINER'S

2316 8		1040	
1. PLACE DF DEATH e. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: R	esidence before admission)	
vueen Anne's MARYLAND	. STATE Md. Queen Tille's		
b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL	end give neerest town)	
write RURAL and give nearest town) Gentreville, Md. 30 yrs.	Centreville, Md.	10-1	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE	
or hame or hose that the this thought of the ship street address?		ON A FARM?	
Home Home	314 Little Kidwell	YES NO	
3. NAME OF First Middle DECEASED (Type or print) Nealv	Downs Death 12	29 19 67	
	8. DATE OF BIRTH 9. AGE (In years IFUNDER		
Fiale col. WIDOWED DIVORCED	5/1/1888 last birthday) Months	Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. C	ITIZEN OF WHAT	
during most of working life, even if retired) INDUSTRY	Queen Anne's Co.	UNTRY?	
labor various	1 14. MOTHER'S MAIDEN NAME		
Steve Downs	Lottie Handy		
(Yes, no, or unknown) ! (If yes give war or dates of service)	INFORMANT Address		
no 197-07-0228			
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]		INTERVAL BETWEEN	
PART I. DEATH WAS CAUSED BY: Tuptured ecopgage	eal varix	ONSET AND DEATH	
1 210			
Conditions, if eny, which to cirrhosis of 1:	iver	years	
gave rise to immediate	1701		
cause (a), stating the DUE TO			
underlying cause last. (c)	THE PERSON NAMED OF THE PERSON	119. WAS AUTOPSY	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8)	PERFORMED?	
I S S S S S S S S S S S S S S S S S S S		YES NO	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA 202. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	URRED. (Enter nature of Injury in Part I or Part II of Item 18	.)	
		inty) (State)	
Hour a.m. While Not While facto	ory, street, office bidg., etc.)		
	the first transfer for temperature	and in my ori-i-	
21. I certify that I took charge of the remains described above, he		and in my opinion	
death resulted from: Natural causes 😿 , Accident 🔲 , Sui	icide, Homicide, Undetermined manner	n And con	
030	CHIEF MEDICAL EXAMINER	1/1/08	
SIGNATURE Solores Con (1)	M.D. ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED	
Y /	DEPUT MEDICAL EXAMINER PT	LibertySt.	
NAME (Type) G. ROdney Layton	Address (Street, city, town, or county) entre	ville, Fid.	
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER)	Y OR CREMATORY 23d. LOCATION (City, town or co		
Burial 1/4/68 Ruthsburg C	emetery Queen Anne's C	o. Md.	
24/ FUNEPAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR	'S SIGNATURE	
Chestertown, M	vid. DATIAN 5 1968 Milant	as Janes	

1968

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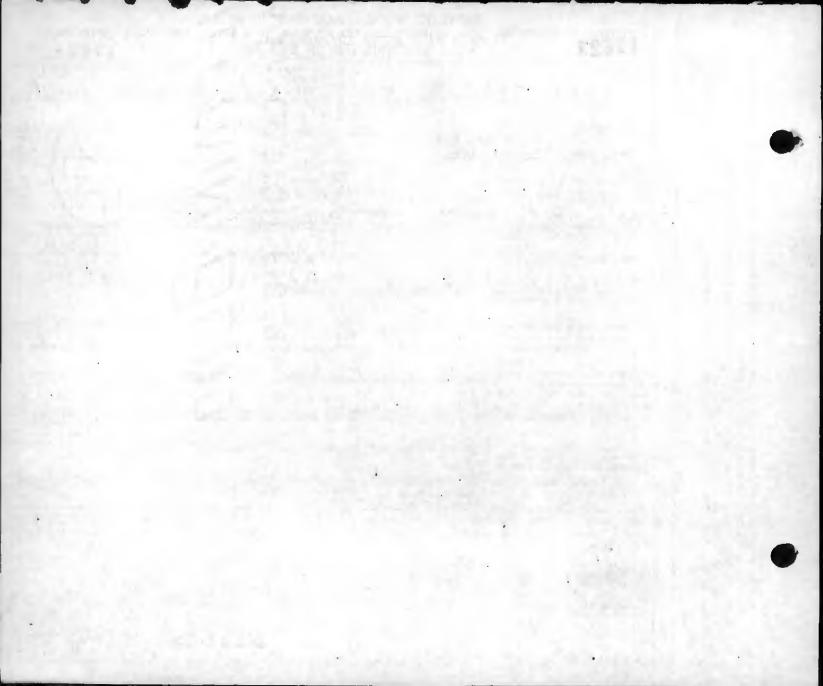
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND :622 FOR STATE CERT **EXAMINER'S** HEALTH DEPT. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) 1. PLACE OF DEATH e. COUNTY a. STATE een lay is necessary 13 to the funeral Page 5 may be c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town) HesTe d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street eddress) d. STREET AODRESS e. IS RESIDENCE ON A FARM? State D XX XX NO X YES First Middle 4. DATE Month and NAME OF Lest DECEASED PM3 DONNELL DEATH (Type or print) 2 with within 6. COLOR OR RACE DATE OF BIRTH AGE (In years) IF UNOER 1 YEAR IF UNDER 24HRS 7. MARRIED X **NEVER MARRIEO** DIM last birthday) Give Pages of with form Months WIOOWED event 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KINO OF BUSINESS OR BIRTHPLACE (State or foreign country) COUNTRY? INDUSTRY ited within 24 hours after in pencil in Item 18. Gi Examiner's Office along any pages 13. FATHER'S NAME 14. E File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. Address (Yes, no, or unknwn) (If yes give war or dates of service) permit. EXAMINER: This certificate should be executed within certificate, writing the word "pending" in pencil in ould be forwarded to the Chief Medical Examiner's W CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY burial-transit cremation, or IMMEDIATE CAUSE (a) OHE TO Conditions, If any, which gave rise to immediate **OUE TO** cause (a), stating ct) underlying cause last. used as to burial WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CATION PERFORMEO? the certificate, writing the technical be forwarded to the files. NO I CERTIFI 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF BEATH. 20b. OESCRIBE HOW INJURY OCCURRED, (Enter neture of Injury in Pert I or Part II of Item 18.) 필드 ado 3 shoul 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) MEDICAL TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) While Not While 16-196/ et work at work Rura 21. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinion CTOR: Pag designate DIRECTOR: Undetermined manner Suicide Homiclde Natural causes please execute the director. Page 4 s retained for your f CHIEF MEOICAL EXAMINER DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATUR 9 FUNERAL I **EXAMINER'S** Address (Street, city, town, or county) NAME (Type) NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) BURIAL, CREMATION, 23b. DATE THEREOF 23c. REMOVAL (Specify) of 2 OODLAW BURIA REC'O BY REGISTRAR 25b. FUNERAL DIRECTOR VR A15ME 3500 4-64

MARYLAND STATE DEPARTMENT OF HEALTH

CARL TO STANDAY BUYER BUNGET 140 - A SENT The state of the s

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE DEATH OF after death PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY COUNTY a. STATE 6 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) the MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Pag hours eR .⊆ filled i d. NAME OF HOSPITAL OR INSTITUTION (if not in bospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? XX Coleman's NO X Home YES an and completely le remove carbon print any event, within within NAME OF First Middle 4. DATE Month Day Year Last DECEASED (Type or print) DEATH 196 executed AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED last birthday) Months Days Hours WIDOWED DIVORCEO nding physician a Then please re removal, and in a 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT certificate be during most of working life, even if retired) COUNTRY2 FATHER'S NAME 14. MOTHER'S MAIDEN NAME ificate has been signed by the attending for use as the burial-transit permit. Then Health prior to burial, cremation, or remov 0 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) (If yes give war or dates of service) The law requires that the death INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: the huspital or attending physician. IMMEDIATE CAUSE (a) DUE TO Cenditions, If any, which (b) gave rise to Immediate DUE TO cause (a), stating underlying cause last. CERTIFICATION 19 VWAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) detached for use te Dept. of Health PERFORMED? NO YES PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d. INJURY OCCURRED 120e, PLACE OF INJURY (Home, farm, 20f. (City or town) (State) 20c. TIME OF INJURY Month, Day, Year (County) factory, street, office bidg., etc.) o FUNERAL DIRECTOR: After the director, page 3 should be de should be filed with the State Hour a.m. While Not While ATTENDING at work at work b.m. 19 retained 21. I certify that (I) (this hospital) attended the deceased from 190 and that death occurred at M. from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED pe ATTENDING STAFF DIRECTOR PHYS. PHYS. 4 may 22c. STCIAN'S 22d. ADDRES AME (Type) DATE THEREOF LOCATION (City, town or county) 23a. BURIAL, CREMATION. 23b. 23c. NAME OF CEMETERY OR CREMATORY 23d. (State) 2 REMOVAL (Specify) D. BY REGISTRAR 725b. 24. **FUNERAL DIRECTOR** ADDRESS 25a. REGISTRAR'S SIGNATURE VR AIS DATE 20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

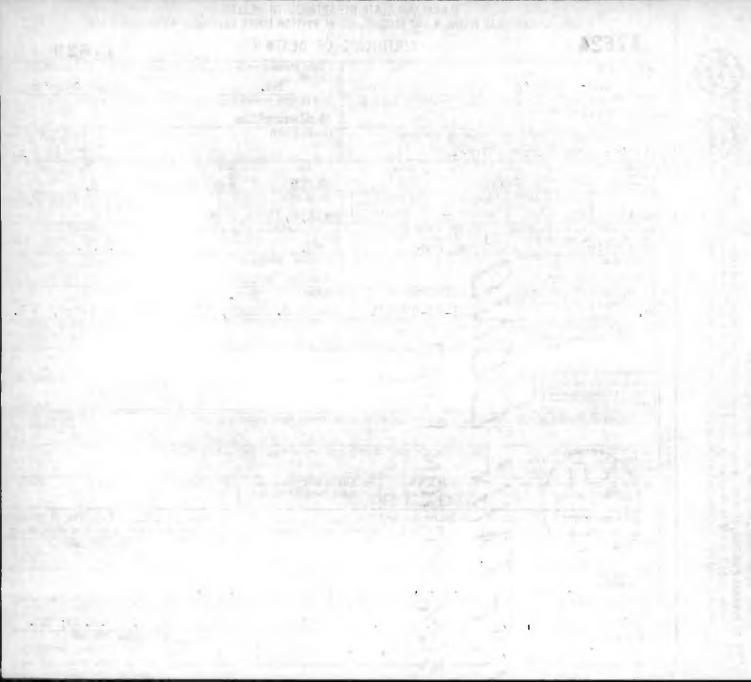
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CERTIFICATE OF DEATH

									mon	THE R. P. L.
1.	PLACE OF DEATH					2. USUAL RESIDENCE (V	Vhere deceosed lived	, if institution: b. COUNTY	Residence before	are odmission)
	o. COUNTY Que	en Anne's		MARYLA	ND	Md.		b. COUNTY	Queen .	Anne's
	b. CITY OR TOWN (II		c. LENGTH OF STAY IN 16		c. CITY OR TOWN (If our	tside corporote limits	, write RURAL	ond give neore	est town)	
(Church Hil	give necrest town)	11			Sudlersvil	le			17-1
	d. NAME OF HOSPITA	L OR INSTITUTION (If not in	hospital, gi	ve street oddress)		d. STREET ADDRESS				e. IS RESIDENCE ON A FARM?
0 0	Colonial A	rms Nursing	Home.							YES NO W
3.	NAME OF DECEASED (Type or print)	First EFF1	E	Middle		Lost SMITH	4. DATE OF DEATH Dec	Month	Do	y Year 19 6 7
5.	SEX	6. COLOR OR RACE 7.	MARRIED [NEVER MARRIED	В	DATE OF BIRTH	9. AGE (UNDER 1 YEAR	
E	Pemale	White	VIDOWED [DIVORCED [pril, 4, 1874	93	yrs.	ionths Doys	Hours Min.
	o. USUAL OCCUPATION oring most of working l Housewife	(Give kind of work done le, even if retired)	IND	D OF BUSINESS OR USTRY HOME		11. BIRTHPLACE (County Mcl.	& Stote, or foreign cou	intry)	COUNTRY	
13	. FATHER'S NAME					14. MOTHER'S MAIDEN N	NAME			
	Richard I	eager				Annie Scot	ten			
15	. WAS DECEASED EVER	IN U.S. ARMED FORCES?	16. St	OCIAL SECURITY NO.	17. 1	FORMANT S	on.	Address		
1	No.	IN U.S. ARMED FORCES? If yes give wor or dotes of ser	221	-32-3708J1	Ke	nneth O. Sm	ith, 215	Lotus	St; Do	ver, Del.
	Conditions, if any, rise to immediate stating the under lost.	ying couse (a), (b)	ol,	5 6 2 5 0		ertic C			1	Ved 7-5
No	PART II. OTHER SIG	INIFICANT CONDITIONS CONTI	7 1	/		HE TERMINAL DISEASE CON	IDITION GIVEN IN PA	RT 1(0)	7 19	PERFORMED?
L CERTIFICATION		CAUSE OF DEATH	205. DES		RRED. (Enter noture of injury in I				AEZ NO 🗵
MEDICAL	20c. TIME OF INJU Hour o.m	10	20d. INJ While of work	URY OCCURRED 20 Not While at work		E OF INJURY (Home, form ary, street, affice bldg., etc.)		r town)	(County)	(Stote)
	21. I certify that (1) (this haspital) attended the deceased from April 10, 19 6/10 Dec 2, 196/1 that (1) (we) las sow the deceased alive an Dec 9 1967, and that death occurred at 1968, from causes and on the date stated above									
	22c. PHYSICIAN'S	Vacly	Lay	: Em	M.D	ATTENDING PHYS.		TAFF	22b. DATE SIG	1-67
	NAME (Type)	C. Rodney La				Centravil				
23	lo. BURIAL, CREMATIO REMOVAL (Specify)	Dec. 12, 1		23c. NAME OF CEMETER Sudlersvil			23d. LOCATION Sudlers			ty) (Stote) Co; Md.
1	4. FUNERAL DIRECTOR			ADDRESS	CAU		BY REGISTRAR	25b. REGIST	RAR'S SIGNATU	URE @
		lows & Son.	Mi	Illington, I	Id.			67 2	charle	y Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Rages Shauld be filed with the State Dept. of Health prior to burial, crematian, ar removal, and in any event, with in Persau's aff



FOR STATE HEALTH DEPT.

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TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is negessary please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VR A15ME 3500 4-64

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 17630

	1. PLACE OF DEATH e. COUNTY ALCON ANNE'S MARYLANO					2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. STATE Maryland b. COUNTY Q.A.				
-					MARYLANO c, LENGTH OF STAY IN 1b					
		write RURAL	N (If outside corporat and give nearest tow	n)	life		Chester		17-1	
			Chester	al density to		d. STREET ADORESS	OHODECE		e. IS RESIDENCE	
0		d. NAME UP HU	SPITAL OR INSTITUTIO	N (IT NOT IN D	ospital, give street address)	d. SIREEI AUGRESS			ON A FARM? YES NO T	
		NAME OF DECEASED (Type or print)		Fran!	Middle klin Watkins	Last	4. DATE OF DEATH DO	Month C 24	Day Yeer 19 67	
	5.		6. COLOR OR RACE	7. MARRIED WIDOWED	NEVER MARRIED	8. DATE OF BIRTH 12-16-1892	last birt	nday) Months	Days Hours Min.	
	10a.	USUAL OCCUPAT	TION (Give kind of work	done 10b. K	IND OF BUSINESS OR	11. BIRTHPLACE (S	tate or foreign country	() 12. C	CITIZEN OF WHAT COUNTRY?	
	GAL	labor	Ing Ilfe, even if retire		MUSTAT	Maryla	and			
ŀ	13.	FATHER'S NAM	IE		0,71-	14. MOTHER'S MAIL				
_ \	1	Thom se	F. Watki	na S	r.	Christ	ine Askin	S		
	15.	WAS DECEASED	EVER IN U.S. ARMED FO	RCES? 16.		INFORMANT		Address		
		s, na, or unkawn)	(If yes give war or dates o	f service)	19-14-3299A C	harles L.	Watkins	Chester		
	1				line for (a), (b), and (c).]				INTERVAL BETWEEN ONSET, AND DEATH MONUMENT	
-		PART I. DI	EATH WAS CAUSED BY IMMEDIATE CAUSE	(a) Hep	atic carcino	matosis			months	
		156 X	DUE	TO						
		Conditions, if		(b)						
		gave rise to cause (a), s		TO						
		underlying caus	se last.	(c)					Line Miles	
	CATION				UTING TO DEATH BUT NOT RELE				19. WAS AUTOPSY PERFORMED? YES NO	
2	CERTIFICATION	20a. EXTERNA PRIMARY OF DEAT	L CAUSE WAS CONTRIBUTING TH.	20b.	DESCRIBE HOW INJURY OCCU					
	MEDICAL	Hour a.	INJURY Month, Day, m. 19	Year 20d. I While et wor	Not While facto	CE OF INJURY (Home, f ory, street, office bldg., (arm, 20f. (City or to	own) (Cot	inty) (State)	
				e of the ren	mains described above, he	id an Autopsy [],	inspection,	Inquiry 🔣 ,	and in my opinion	
		death result		causes 55		icide , Homic	ide, Undeter	mined manner		
		CHIEF MEDICAL EXAMINER								
		ACTUAL SIGNATURE	CIX.	X Cu	len	M.O. ASSISTANT ME	DICAL EXAMINER		576 DATE SIGNED	
9				,					Liberty	
de		NAME (Type)	C.R. Layi	con. M	I.D.	Address (Stree			eville, Md.	
1	23a	BURIAL CREI		THEREOF	23c. NAME OF CEMETER	Y OR CREMATORY	23d. LOCATION (city, town or co	unty) (State)	
)	37	irial	12/28		Cox Neck Co	emetery	Chester	Doch	Co. Nd.	
	24.	FUNERAL DIR	ECTOR	426 7	POUER STREET	25a, R	C'D BY REGISTRAR 2			
1		B.L. D	ashiell	720		d. DATA	9 1968	Milarl	yudge.	

 MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

17626

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

17631

LOK 214	IE		MEDICAL EXAMINER & CERTIFICATE OF DEATH
HEALTH DI	EPT.		LACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission)
in to the	3	a	COUNTY QUEEN ANNE MARYLAND & STATE NEW ORK B. COUNTY RICHMOND
B 20	E)	b	CITY OR TOWN (If outside corporate limits, C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)
a da	2	6	Wille RURAL and give reporest town
2, 2 P		9	NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street oddress) d. STREET ADDRESS Le. IS RESIDENCE
= - 1	100		5 SUNRISE TERRACH YES IN NO SO
Poges 1		3 %	IAME OF First Middle Last 4. DATE Month Day Year
		0	PECEASED LYDE OF PREDERICK ZIMMERMAN DEATH DECEMBER 7. 1967
8. Give	=	5. 5	
alo olo	<u> </u>	1	MALE WHITE WIDOWED DIVORCED NOV. 17 - 1903 (ast birthday) Months Days Hours Nin.
m l	deat deat	100	INSULAL OCCUPATION (Give kind of work done. 10h KIND OF BISINESS OR 111_BIRTHPLACE (State or foreign country) 12 (TITEN OF WHAT
	- 60	durn	POMOST OF WORKING LIFE, EVEN GINER RELECTRICAL PITTS BURGH, KANSAS COUNTRY? U.S.A
l in ler's			FATHER'S NAME
		1.4.	CONRAD ZIMMERMAN MARIE HEDRICK
Exa	72 ha	15	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
ortection in the column is	n 7		, no for unknown) ((If yes give, war or dates of service)
medical	within	-	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN
			PART I. DEATH WAS CAUSED BY:
d b Chii	vent		4201 IMMEDIATE CAUSE (a) DUE TO TO THE TOTAL STATE OF THE TOTAL STATE
word word ihe C	any avent		Conditions, if any, which gave) (b) A-Too Sclante Cardio Pascular
And the same	-		fise to immediate couse (d), () life to
ng t	and i		stating the underlying cause Dut 10 disease Years
			PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
. 0	remaval,	CERTIFICATION	PERFORMED?
	rem	튑	20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.)
日田田	ar a		PRIMARY or CONTRIBUTING CAUSE OF DEATH
NE ce ce shat	ian,	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) (County) (State)
4 th	crematian,	8	Hour a.m. While Nat While of wark of the street, office bldg., etc.) at wark of the street, office bldg., etc.)
EX.	cre cre	1	21. I certify that I taak charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my apinior
AL exe r. P	io j	- 1	death resulted fram: Natural causes , Accident , Suicide , Homicide , Undetermined manner
se secto	E E	-	CHIEF MEDICAL EXAMINER
Min director	2 t		ACTUAL 22 DATE SIGNED
ITY, ITY, eral	prior		SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER DEPUTY DEPUT
pepury, scessary, e funeral may be constant by the constant be constant by the constan	E E		NAME (Type) C + NODNEY LAYTON Address (Street, city, town, or county) Cert 2001/16 Kel
E S O E		230.	BURIAL, CREMATION, 23b. DATE THEREOF 23r. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)
5 = = 25	2 =		BURYAL DEC. 13 BELLE FONTAINE ST. LOUIS MO.
VR A15MI	F /5)	24	FUNERAL DIRECTOR ADDRESS 1 250. RECD BY REGISTRAR 10 456. REOFF LESS SIGN TURE
6M 1/6		5	dgard. Jane = CHURCH HILL I'D. DATE DEC II 1991 F
	E.		

A series of the will have been a strong and the strong - - -William .